

# HAWAII STATE ETHICS COMMISSION

## DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

|  |   |
|--|---|
| <b>NAME (Last, First, Middle)</b><br><p style="font-size: 1.2em; margin-top: 10px;">MORODA, ROBERT K</p> | <b>STATE POSITION HELD: (Dept/Div or Board/Commission)</b><br><p style="font-size: 1.2em; margin-top: 5px;">Deputy Director DLNR</p> <b>TERM OF OFFICE (Begin/End):</b> 5-08-2005 |
|--|---|

**FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN.**  
 USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

| F,SP,DC,JT | NAME AND ADDRESS OF SOURCE OF INCOME   | AMOUNT | SERVICES RENDERED       |
|------------|--|--------|-------------------------|
| F          | YMCA Retirement Fund<br>140 Broadway<br>New York, NY 10005                           | E      | retirement annuity      |
| F          | STATE of Hawaii DLNR<br>1151 Punchbowl St<br>Honolulu HI 96813                       | E      | Deputy Director<br>DLNR |
| Sp         | Hawaii Community College<br>Division of Nursing<br>200 W Kawili<br>Honolulu HI 96720 | E      | professor               |

☐ Check here if entry is None

☐ Check here if additional sheets are attached

### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

| F,SP,DC,JT | BUSINESS NAME AND ADDRESS                                 | NATURE OF BUSINESS | NATURE OF INTEREST | VALUE OR NO. OF SHARES |
|------------|---|--------------------|--------------------|------------------------|
| SP         | Allstate Corp<br>2775 Sanders Rd<br>Northbrook IL 60062   | insurance          | stock              | 1000 shares            |
| SP         | COSTCO Wholesale Corp<br>999 Lake Dr<br>Issaquah WA 98027 | retail             | stock              | 475                    |
| SP         | Morgan Stanley<br>1585 Broadway<br>New York NY 10036      | Stock brokers      | stock              | 800                    |
| SP         | Washington Mutual<br>1201 3rd Ave Seattle WA<br>98101     | Bank               | stock              | 472                    |

☐ Check here if entry is None

☐ Check here if additional sheets are attached

**ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES**

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

| F,SP,<br>DC,JT | OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD | DATE OF TRANSFER |
|----------------|--|------------------|
|                |  |                  |

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

| F,SP,<br>DC,JT | NAME OF CREDITOR AND ADDRESS  | ORIGINAL AMOUNT OWED | AMOUNT OUTSTANDING |
|----------------|---|----------------------|--------------------|
| F<br>SP        | First Hawaiian Bank<br>999 Bishop St<br>Honolulu HI 96813                                     | 125,000              | 117,820            |
|                | First Hawaiian Bank First Line<br>Kamuela Branch<br>67-1189 Mamoakohu Hwy<br>Kamuela HI 96743 | 94,000               | 88,697             |

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS**

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

| F,SP,<br>DC,JT | NAME AND ADDRESS OF BUSINESS  | TITLE HELD                                       | TERM OF OFFICE | ANNUAL COMPENSATION |
|----------------|---|--|----------------|---------------------|
| SP             | HAMAKUA HEALTH CENTER<br>45-549 Plumeria St<br>Honolulu HI 96719                  | Vice Chair<br>Board                              | 2005-2008      | 0                   |
| SP             | NORTH HAWAIIAN COMMUNITY<br>HOSPITAL<br>67-1125 Mamoakohu Hwy<br>Kamuela HI 96743 | Board Member<br>Chair<br>Compliance<br>Committee | 2003-2006      | 0                   |

☐ Check here if entry is None☐ Check here if additional sheets are attached

**ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE**

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP,<br>DC,JT | STREET ADDRESS                        | TAX MAP KEY NUMBER           | VALUE                        |
|----------------|---------------------------------------|------------------------------|------------------------------|
| F<br>SP        | 65-1191 Pualea Pl<br>Kamuela HI 96743 | 6-50008013000<br>6-5008-0180 | Assessed<br>Value<br>383,200 |

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED**

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP,<br>DC,JT | TAX MAP KEY NUMBER & STREET ADDRESS | AMOUNT & NATURE OF<br>CONSIDERATION PAID | NAME OF PERSON<br>RECEIVING THE<br>CONSIDERATION |
|----------------|-------------------------------------|--|--|
|                | NONE                                |  |  |

☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED**

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

| F,SP,<br>DC,JT | TAX MAP KEY NUMBER & STREET ADDRESS | AMOUNT & NATURE OF<br>CONSIDERATION RECEIVED | NAME OF PERSON<br>FURNISHING THE<br>CONSIDERATION |
|----------------|-------------------------------------|--|---|
|                | NONE                                |  |   |

☒ Check here if entry is None☐ Check here if additional sheets are attached

**ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES**

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

| NAME OF CLIENT | NAME OF STATE AGENCY |
|----------------|----------------------|
|                |                      |


☒ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES**

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

| F,SP,DC,JT | NAME AND ADDRESS OF BUSINESS | NATURE OF BUSINESS | NATURE OF INTEREST  | VALUE |
|------------|------------------------------|--------------------|---|-------|
|            |                              |                    | STATE OF HAWAII<br>STATE ETHICS COMMISSION<br>06 JAN 19 AM 0:40 |       |

☒ Check here if entry is None☐ Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

  
SIGNATURE

1/16/2006  
DATE